Rural Health Newscast

California Rural Health Policy Council Office
Health & Human Services Agency
Grantland Johnson, *Secretary*

State of California
Gray Davis, *Governor*

VOLUME IV, NUMBER 2 PAGE 1 JULY 14, 2000

Friday, July 14, 2000
9:00 -11:30 am
Lake Arrowhead Resort
27984 Hwy 189, Lake Arrowhead
www.lakearrowheadresort.com
call toll free: 1-800-800-6792

Featuring presentations by the California Department of Health Services, Licensing & Certification and Audits & Investigations units.

Held in partnership with the California State Rural Health Association Annual Meeting, which begins at noon and ends at 4:30 pm.

Thursday, October 5, 2000
10:30 am -12:30 pm
Sacramento Library Galleria
828 I Street, Sacramento

Held in partnership with the County Health Executives Association of California.

Wednesday, November 29, 2000
Time: TBA
Ontario Convention Center, Ontario

Held in partnership with the California State Association of Counties' Health and Human Services Policy Committee.

IN THIS ISSUE....

California Rural Health Policy Council March 24, 2000 Public Meeting Summary

The CRHPC public meeting, held on March 24, 2000 at the California Chamber of Commerce Building in Sacramento, was well attended with over 100 persons present, including Grantland Johnson, Secretary of the California Health and Human Services Agency. The CRHPC thanks Secretary Johnson for his opening comments and participation.

Following is a summary of the issues on which persons testified.

1. *Medi-Cal reimbursement for hospital-based Rural Health Clinics (RHCs).*

   The California Department of Health Services is working with the Health Care Financing Administration (HCFA) to seek approval to modify its current practice of disallowing the reimbursement for RHC costs when they exceed RHC charges. The proposal currently before HCFA is to apply the lower of costs or charges to Medi-Cal outpatient services in the aggregate, not on a RHC only basis.

2. *Need improvement in Medi-Cal reimbursement for Critical Access Hospitals.*

   The California Legislature is considering AB 1824 that would mandate that Medi-Cal reimburse Critical Access Hospitals at Medicare rates.

3. *State agencies should make sure that California is involved in the proposed federal criteria for designating Health Professional Shortage Areas (HPSAs).*

   As the State's Primary Care Office (PCO), the Office of Statewide Health Planning and Development is proactive in the proposed methodology by working with the Bureau of Primary Health Care to facilitate the re-engineering process and develop specific recommendations to state partners. The PCO is represented on three HPSA designation workgroup subcommittees relative to geographic, special populations, and facility designations.

4. *The new nursing staff ratio statute will be extremely difficult for rural hospitals because of the nursing shortage and low wages.*

   Legislation addressing this issue has been introduced by Senator Tim Leslie in SB1835 that would amend Health & Safety Code Section 1276.4 as it relates to rural hospitals.

5. *Medi-Cal pays an average of $30 per visit, but it costs an average of $40 to treat a patient. Increase Medi-Cal reimbursement rate.*

   The Governor's May Revision of the budget includes an overall 10% increase in Medi-Cal reimbursement rates.

6. *Earthquake retrofit funding is not available to comply with SB 1953. Small rural hospitals do*

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not have anywhere to move patients while the building is undergoing retrofit.

7. *Title 22 requires that snake bite serum be stored on the clinic site. This requirement is not appropriate for a rural health clinic. Regulations need to be broadened to allow clinics to determine if this is appropriate care under clinic protocol.*
8. *Licensing and Certification requires that a nurse supervise a medical assistant. A physician assistant is not allowed to supervise the medical assistant. Change the regulations to allow a physician assistant to supervise nursing services that are under clinic protocol and approved by the medical director.*
9. *Mobile Rural Health Clinics must have each service site to which the unit goes to be separately surveyed and certified. Streamline the process by which mobile clinic sites are surveyed.*
10. *Concern for lack of healthcare delivery planning at the state level.*

Other issues were brought forward by those providers experiencing specific problems, such as:

11. *Recruitment of dentists to see patients in Denti-Cal, CMSP, and Healthy Families programs.*
12. *Application for a radiology license had not been processed 13 months after application*.
13. *Applied for electronic billing with Electronic Data Systems (EDS) for Medi-Cal payments in October, 1999. Application has been sent back four times. Resolve EDS billing problems.*
14. *Having problems billing EDS for Medicare/Medi-Cal crossover claims. Resolve claims processing problems.*

All issues brought to CRHPC public meetings are referred to the appropriate department for a response.

California Joins National Rural Development Partnership

The State of California officially joined the National Rural Development Partnership (NRDP) in a federal partnership to further rural development activities in California. The California Trade and Commerce Agency Secretary Lon S. Hatamiya signed a Memorandum of Understanding designating California as the 37th state to join the Partnership.

Secretary Hatamiya noted that California will work with the NRDP to provide input toward issues such as economic development, work force development, and access to healthcare. The NRDP is supported by the U.S. Departments of Agriculture, Health and Human Services, Veterans Affairs, Transportation and Labor.

Seated within the California Trade and Commerce Agency, the California Rural Development Council was established in 1999 to provide a voice for the needs and interests of rural residents and businesses and to support local decision-making efforts to improve the quality of life in rural areas. The Council is a 27-member body comprised of representatives from state, federal, local and tribal governments, small and large business, and the public at large.

For information, contact Helen Birss, (916) 322-0560.

Proposed Changes to Rural Health Clinic Rules and Regulations

Comments were submitted by the National Association of Rural Health Clinics and the National Rural Health Association to the Health Care Financing Administration (HCFA) in response to the proposed changes in the Rural Health Clinic (RHC) rules and regulations. A copy of the full statement is available from the California Rural Health Policy Council Office. Please call Patricia Martin at 1-800-237-4492 for a copy. Following are the areas covered in the 16-page statement.

Shortage Area Requirements

Application and Review of Exception Criteria

- The Balanced Budget Act
- Sole Community Provider
- Traditional Community Provider
- Specialty Provider
- Major Community Provider
- Graduate Medical Education
- Extension of the application period for an exception.
- Federally-designated frontier.

Provider-based RHCs

- Definition of "disproportionate share" for Medicare, Medicaid and uninsured patients.
- Rural hospital definition
- Available Beds
- Commingling exception for Critical Access Hospitals
- Staffing Requirements
- Staffing Waiver
- Quality assessment and performance improvement program

DHS Rural Programs

Contributed by Sunni Burns, Chief, Primary and Rural Health Care Systems Branch, Department of Health Services

The Fiscal Year 1999-2000 *Grants-In-Aid for Clinics Program* grant agreements were mailed to grantees for signature on May 16, 2000. Individual grantees' invoices will be processed for payment as soon as the grant is executed.

Fifty-eight applicants requested a total of almost $3 million. Only

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$619,000 was available to provide grants to a small percentage of the many worthy requests. The sixteen awards made under the *Grants-In-Aid for Clinics Program* range from $10,000 to $60,000. These grants provide stabilization and technical assistance support to licensed community clinics statewide that provide medical services to underserved populations.

Rural Health Services Development and *Seasonal and Migratory Workers Programs*

Current grantees received augmentations totaling $2 million for the SAMW Program and $1 million for the RHSD Program. The amendments to the grant agreements have all been fully executed, and most grantees have already received supplemental payments for services provided through most of the year.

The joint Request for Application (RFA) for the RHSD and SAMW Programs for Fiscal Years (FY) 2000-2001 through FY 2002-2003 was released the week of May 15, 2000. The RFA was mailed to all current grantees and other clinics that submitted requests to receive the RFA. In addition, the RFA is posted on the Department of Health Services' website: www.dhs.ca.gov/pcfh/pcrh/index.htm.

PACT Net Program

Contributed by Donald M. Hilty, M.D., PACT Net Medical Director, Assistant Professor of Psychiatry U.C. Davis School of Medicine

A new service at UC Davis School of Medicine and Medical Center, known as PACT Net, aims to eliminate consultation hassles for doctors, patients and their families. Supported by a $180,000 grant from the California Department of Developmental Services, the program promises community physicians around the state a telephone or e-mail consultation with a UC Davis subspecialist within one business day.

PACT Net, which stands for Physician Assistance, Consultation and Training Network, is available to physicians statewide who care for the more than 150,000 community-dwelling clients of the state's 21 Regional Centers, patients whose conditions include autism, cerebral palsy, and other often medically complex developmental disorders.

Launched July 1, 1999, the program puts community physicians who have questions about Regional Center patients in touch with UC Davis subspecialists in the fields of developmental pediatrics, gastroenterology, medical genetics, neurology, physical medicine and rehabilitation, orthopaedics, pharmacology, psychiatry and pulmonary medicine. Consultations, lasting up to 120 minutes, are free to community physicians and their Regional Center patients. In some cases, a PACT Net consultation has helped avoid hospitalizations.

UC Davis, with its national reputation for telemedicine and distance learning, was a natural partner. Thomas Nesbitt, acting assistant dean, UCDHS Regional Affiliations, Rural Health and Telehealth Programs, and Thomas F. Anders, associate dean of academic affairs and director of the UC Davis M.I.N.D. Institute, were instrumental in getting PACT Net off the ground.

Future plans also include developing continuing medical education lectures, available to community physicians throughout the state via teleconferencing technology, and providing information through the Web site for community physicians, individuals with developmental disorders and their families.

For more information, contact linda.boyers@ucdmc.ucdavis.edu.

Early Intervention Services Available for Infants and Toddlers

Contributed by Elissa Provance

Since 1993, infants and toddlers, birth to 36 months, who have a developmental delay, established disability, or who are at risk for delay may be eligible to receive a coordinated set of services designed to reduce or prevent decline in a number of developmental areas.

California's Early Start Program for Infants and Toddlers with Disabilities and Their Families is a free entitlement program mandated at the federal level by Part C of the Individuals with Disabilities Education Act and at the state level by California's Early Intervention Services Act. This legislation provides an interagency system of healthcare providers, early intervention specialists, therapists, parent resource specialists, and others to assess and evaluate an infant or toddler. Based on the evaluation, an individualized family service plan is developed outlining appropriate early intervention services and outcomes for the child and family.

Referrals for the Early Start Program may be made through one of 21 regional centers throughout the state, which are administered by the Department of Developmental Services, lead agency for Part C. An infant or toddler may be eligible for early intervention services through documented evaluation and assessment if they are found to:

1. have a developmental delay in either cognitive, communication, social or emotional, adaptive, or physical and motor development including vision and hearing; or

2. have established risk conditions, with conditions of known etiology, or

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conditions with established harmful developmental consequences such as chromosomal or neurological disorders; or

3. be at high risk of having a substantial developmental disability due to a combination of risk factors such as prematurity, need for ventilator assistance, or central nervous system infection.

For more information on referrals, call 800/515-BABY. For parent and professional resources and information, call Early Start Resources at 800/869-4377.

Jobs Available Update

Current Listings: 143		Positions Filled: 1,126	
By Practice Setting:		By Practice Setting:	
Clinics	60	Clinics	420
Hospitals	33	Hospitals	280
Public Health	42	Public Health	256
Mental Health/ Substance Abuse	5	Mental Health/ Substance Abuse	153
LTC/SNF	3	LTC/SNF	17
By Position:		By Position:	
Patient Care	88	Patient Care	653
Administrative	45	Administrative	382
Ancillary	10	Ancillary	91
By Region:		By Region:	
North	80	North	593
Central	51	Central	299
South	12	South	125

CRHPC Funding Clearinghouse Success

As a result of a CRHPC funding alert, Nevada County has been successful in securing a HRSA grant for $573,000 over three years for a Long Term Care Integration Project. This project will fund a data system and integration of service providers throughout Nevada County as they begin to improve service delivery for seniors.

For Your Information

Publications

The Hospital Financial and Utilization Report prepared annually by the California Rural Health Policy Council Office and the CRHPC Annual Report to the Legislature are now published and available on our website under “Publications.”

The Hospital Report includes OSHPD data for calendar years 1996, 1997, and 1998. The CRHPC Report to the Legislature covers 1999 CRHPC activities and 2000 plans.

Limited hard copies of both publications are also available. Contact us at our toll-free number or send us an email to request a copy.

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Dated Material Inside!